## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

9101-019

| CLAIMS AS FILED - PART (Column 1) |  |   |  |                                |              | Column 2) SMALL ENTITY |             |                    | YTITY                   | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|-----------------------------------|--|---|--|--------------------------------|--------------|------------------------|-------------|--------------------|-------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS                      |  |   | (Column 1)                                   |                                | (COIDITAL 2) |                        | ]           |                    |                         | OR<br>1                       |                     |                        |
|                                   |  |   | 16   |                                |              |                        | 1           | RATE               | FEE                     |                               | RATE                | FEE                    |
| FOR                               |  |   | NUMBER FILED                                 |                                | NUMBER EXTRA |                        |             | BASIC FEE          | 370.00                  | OR                            | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS           |  |   | /6 minus 20=                                 |                                | * -          |                        |             | X\$ 9=             |                         | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS                |  |   | 2 minus 3 =                                  |                                | -            |                        |             | X42=               |                         | OR                            | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PI       |  |   | RESENT                                       |                                |              |                        |             | +140=              |                         | OR                            | +280=               | ·                      |
| *                                 | th difference                            | in column 1 is                            | ess than zero, enter "0"                     |                                |              | column 2               |             | TOTAL              |                         | OR                            | TOTAL               | 740-                   |
| CLAIMS AS AMENDED - PART II       |  |   |  |                                |              |                        |             | •                  |                         |                               | OTHER               |                        |
| (Column 1)                        |  |   | (Column 2)                                   |                                |              | (Column 3)             | _           | SMALL              | NTITY                   | OR                            | SMALL               |                        |
| ENTA                              |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1-17-18-18-18-18-18-18-18-18-18-18-18-18-18- | HIGH<br>NUM<br>PREVIO<br>PAID  | BER          | PRESENT<br>EXTRA       |             | RATE               | ADDI-<br>TIONAL<br>FEE  |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| MENDMENT                          | Total                                    | . 14                                      | Minus  | # 2                            | 20           | =                      |             | X\$ 9=             |                         | OR                            | X\$18=              |                        |
| AME                               | independent                              | NTATION OF MI                             | Minus  | *** ENDENT                     | S<br>CLAIM   | -/-                    |             | X42=               |                         | OR                            | X84=                |                        |
|                                   | 4 A P. A. A. L. L. COF                   | ,   | JETH DE OCI                                  | LITOLITI                       | CCAM         |                        | 1           | +140=              |                         | OR                            | <b>≠280</b> =       |                        |
|                                   |  |   |  |                                |              |                        |             | / TOTAL            |                         | ØR                            | TOTAL<br>ADDIT, FEE |                        |
|                                   |  | (Column 1)                                |  | (Colum                         | nn 2)        | (Column 3)             |             | ODIT. FEE          |                         |                               | WOII. FEE           |                        |
| AMENDMENT B                       |  | CLAIMS                                    |  | HIGH                           | EST          |                        | 1 6         | <del>''</del>      | ADDI-                   | ſ                             |                     | ADDI-                  |
|                                   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMI<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA       |             | RATE               | TIONAL<br>FEE           |                               | RATE                | TIONAL<br>FEE          |
|                                   | Total                                    | *   | Minus  | **                             |              | 5                      |             | X\$ 9=             |                         | OR                            | X\$18=              |                        |
| AME                               | Independent                              | *   | Minus  | ***                            | ,            | =                      | 1 [         | X42=               |                         | OR                            | X84=                |                        |
|                                   | FIRST PHESE                              | NTATION OF MU                             | ILTIPLE DEP                                  | ENDENI                         | CLAIM        |                        | J           | +140=              |                         |                               | +280=               |                        |
|                                   |  | •   |  |                                |              |                        | L           |                    |                         | OR                            |                     |                        |
|                                   |  |   |  |                                | 4            |                        | A           | TOTAL<br>DDIT. FEE |                         | OR                            | TOTAL<br>ADDIT. FEE |                        |
|                                   |  | (Column 1)                                |  |                                |              | (Column 3)             |             |                    |                         |                               |                     |                        |
| AMENDMENT C                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA       |             |                    | 'ADDI-<br>ΓΙΟΝΑL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                   | Total                                    | *   | Minus  | ##                             |              | = .                    | ] [         | X\$ 9=             |                         | OR                            | X\$18=              |                        |
|                                   | Independent                              | *   | Minus  | ***                            |              | =                      | <b>    </b> | X42=               |                         | OR                            | X84=                |                        |
| Ľ                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT |   |  |                                |              |                        | J           |                    |                         | υn                            |                     |                        |
|                                   | if the eater to solve                    | mn 1 is less than th                      | na antas in est.                             | mo o uaira                     | 'M' in aci   | himo 3                 | L           | +140=              |                         | OR                            | +280=               |                        |
| **                                | lf the "Highest Nu                       | mber Previously Pa                        | id For IN THI                                | S SPACE &                      | s less tha   | n 20, enter 120        | · A         | TOTAL<br>DDIT. FEE |                         | OR                            | TOTAL<br>ADDIT, FEE |                        |
|                                   |  | mber Previously Pa<br>ber Previously Pai  |  |                                |              |                        | er fou      | nd in the app      | ropriate box            |                               | •                   |                        |